2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 819113

Entity Name: EDUCATORS LIFE INSURANCE COMPANY OF AMERICA

FILED Apr 29, 2021 Secretary of State 9279020183CC

Current Principal Place of Business:

ATTN: CORPORATE TAX DEPT 1 HORACE MANN PLAZA SPRINGFIELD, IL 62715-0001

Current Mailing Address:

ATTN: CORPORATE TAX DEPT 1 HORACE MANN PLAZA SPRINGFIELD, IL 62715-0001 US

FEI Number: 95-1858796 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COMM. OF INS. AND TREASURY 200 E GAINS STREET TALLAHASSEE, FL 32399 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Address

Name

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Litle	DIRECTOR, EXEC VP & CFO	litle	DIRECTOR & CORP SECRETARY
Name	CONKLIN, BRET A	Name	CARLEY, DONALD M
Address	1 HORACE MANN PLAZA	Address	1 HORACE MANN PLAZA
City-State-Zip:	SPRINGFIELD IL 62715	City-State-Zip:	SPRINGFIELD IL 62715

Title DIRECTOR, CHAIRMAN, PRESIDENT & Title **VP & TAX DIRECTOR**

CEO

Name STUENKEL, JEREMY Name ZURAITIS, MARITA

1 HORACE MANN PLAZA 1 HORACE MANN PLAZA Address City-State-Zip: SPRINGFIELD IL 62715

City-State-Zip: SPRINGFIELD IL 62715

Title **VP & TREASURER** Title DIRECTOR, EVP

Name GAYLE, TROY M Name SHARPE, MATTHEW P Address 1 HORACE MANN PLAZA 1 HORACE MANN PLAZA Address

City-State-Zip: SPRINGFIELD IL 62715 City-State-Zip: SPRINGFIELD IL 62715

Title SVP, DIRECTOR Title ASSISTANT CORPORATE

WECKENBROCK, MICHAEL SECRETARY

Name MICHAEL, LINEA K Address 1 HORACE MANN PLAZA

Address 1 HORACE MANN PLAZA SPRINGFIELD IL 62715 City-State-Zip:

> City-State-Zip: SPRINGFIELD IL 62715

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

04/29/2021 SIGNATURE: JEREMY STUENKEL VICE PRESIDENT

Officer/Director Detail Continued:

Title DIRECTOR, EVP Title VP

NameRUGENSTEIN, WADE ANameJOHNSON, KIMBERLY AAddress1 HORACE MANN PLAZAAddress1 HORACE MANN PLAZACity-State-Zip:SPRINGFIELD IL 62715-0001City-State-Zip:SPRINGFIELD IL 62715-0001

Title VP Title DIRECTOR

NameGREENIER, RYANNameMARK, DESROCHERSAddress1 HORACE MANN PLAZAAddress1 HORACE MANN PLAZACity-State-Zip:SPRINGFIELD IL 62715-0001City-State-Zip:SPRINGFIELD IL 62715